

FEC  
FORM 3

REPORT OF RECEIPTS  
AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2014 AUG 27 PM 1:28

Office Use Only CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

LEFLORE FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 56



Check if different  
than previously  
reported. (ACC)

MOBILE

AL

36601-0056

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00546366

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

AL

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

06 04 2014

in the  
State of

AL

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

01 07 2014

through

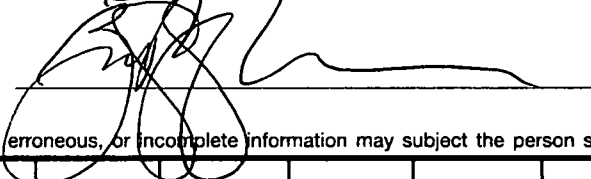
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BURTON L. LEFLORE

Signature of Treasurer



Date

08 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

# SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

LEFLORE FOR CONGRESS

Report Covering the Period:

From:

01 07 2014

To:

03 31 2014

## 6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

275.00

275.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

00

00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

275.00

275.00

## 7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

3480.00

3480.00

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

00

00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

3480.00

3480.00

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

295.00

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

00

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

35.00.00

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

LEFORE For Congress

Report Covering the Period:

From:

01 ' 09 ' 2014

To:

03 ' 31 ' 2014

## I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

### 11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A) .....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

275.00  
00  
275.00  
00  
00  
275.00

275.00  
00  
275.00  
00  
00  
275.00

### 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

00

00

### 13. LOANS:

- (a) Made or Guaranteed by the Candidate .....
- (b) All Other Loans .....
- (c) TOTAL LOANS (add Lines 13(a) and (b)) .....

3500.00  
00  
3500.00

3500.00  
00  
3500.00

### 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

00

00

### 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

00

00

### 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....

3,725.00

3,725.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	348000	3,480.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	00	00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	00	00
(b) Of All Other Loans .....	00	00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	00	00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs) .....	00	00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	00	00
21. OTHER DISBURSEMENTS .....	00	00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	348000	3,480.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3,775.00
25. SUBTOTAL (add Line 23 and Line 24).....	3,775.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3,480.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	295.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE / OF /	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) **QUINTA, VINCENT OR MARY**  
Mailing Address **5700 HERITAGE LANE**  
City **BON SECOUR** State **AL** Zip Code **36511**

Date of Receipt

**03 / 26 / 2014**

FEC ID number of contributing federal political committee.

**C00546366**

Amount of Each Receipt this Period

**250.00**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☒ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

B. Full Name (Last, First, Middle Initial) **MIDDLETON, JOHN A.**  
Mailing Address **165 N. CANAL STREET - UNIT 1520**  
City **CHICAGO** State **IL** Zip Code **60606-1408**

Date of Receipt

**03 / 26 / 2014**

FEC ID number of contributing federal political committee.

**C00546366**

Amount of Each Receipt this Period

**25.00**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☒ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**25.00**

C. Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code

Date of Receipt

**MM / DD / YYYY**

FEC ID number of contributing federal political committee.

**C**

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**275.00**

**275.00**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BURTON R LEFLORE / LEFLORE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ALABAMA DEMOCRATIC PARTY

Mailing Address

Date of Disbursement

02/07/2014

City MONTGOMERY State AL Zip Code

Purpose of Disbursement

Qualifying Fees

Candidate Name

BURTON R LEFLORE

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For:

☒ Primary ☒ General ☐ Other (specify)

State: AL District:

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

348000

B.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For:

☐ Primary ☐ General ☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

C.

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For:

☐ Primary ☐ General ☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3480.00

348000

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

LEFLORE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

BURTON R LEFLORE (CANDIDATE)

Election:

☒ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address

PO BOX 56

City

MOBILE

State

AL

ZIP Code

36601-0056

Original Amount of Loan

350000

Cumulative Payment To Date

00

Balance Outstanding at Close of This Period

350000

**TERMS**

Date Incurred

02/07/2014

M M

Date Due

D D

Y Y Y Y

Interest Rate

00% (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

350000

TOTALS This Period (last page in this line only)..... ▶

350000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20483

Supplementary for  
Information found on  
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <i>BURTON R. LEFLORE / LEFLORE FOR CONGRESS</i>		FEC IDENTIFICATION NUMBER <i>C 00546366</i>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City	State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>		Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Title			



# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:  
(check only one)

☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

LEFLORE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....

2) TOTALS This Period (last page this line number only) .....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>LEFLORE FOR CONGRESS</b> <b>BURTON R. LEFLORE</b>		Report Covering Period: From: <b>01</b> <b>01</b> <b>2014</b> To: <b>03</b> <b>31</b> <b>2014</b>	
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	<b>LEFLORE FOR CONGRESS</b>	<b>275.00</b>	<b>00</b>
B	Column Total Last Page Only.....	<b>275.00</b>	<b>00</b>
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions
A	<b>00</b>	<b>00</b>	<b>275.00</b>
B	<b>00</b>	<b>00</b>	<b>275.00</b>
	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<b>00</b>	<b>3500.00</b>	<b>00</b>
B	<b>00</b>	<b>3500.00</b>	<b>00</b>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts
A	<b>3500.00</b>	<b>00</b>	<b>00</b>
B	<b>3500.00</b>	<b>00</b>	<b>00</b>
	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<b>3775.00</b>	<b>3480.00</b>	<b>00</b>
B	<b>3775.00</b>	<b>3480.00</b>	<b>00</b>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments
A	<b>00</b>	<b>00</b>	<b>00</b>
B	<b>00</b>	<b>00</b>	<b>00</b>
	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<b>00</b>	<b>00</b>	<b>00</b>
B	<b>00</b>	<b>00</b>	<b>00</b>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements
A	<b>00</b>	<b>00</b>	<b>3480.00</b>
B	<b>00</b>	<b>00</b>	<b>3480.00</b>
	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<b>00</b>	<b>295.00</b>	<b>00</b>
B	<b>00</b>	<b>295.00</b>	<b>00</b>
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures
A	<b>3500.00</b>	<b>3775.00</b>	<b>3480.00</b>
B	<b>3500.00</b>	<b>3775.00</b>	<b>3480.00</b>

# FedEx

PAID BY FEC SECURITY

RECEIVED  
2014 AUG 27 PM 1:28  
FEC MAIL CENTER

RT 677 6 7822 08.27  
FZ

**FedEx** NEW Package  
Express US Airbill

FedEx Tracking Number 8006 9387 7822

ORIGIN ID:MOBA

SHIP DATE: 25AUG14  
ACTWGT: 0.4 LB  
CAD: /POS1501  
DIMS: 0x0x0 IN  
BILL SENDER

UNITED STATES US

1 From  
Date 9/25/14  
Sender's Name LEFLORE FOR CONGRESS Phone 257 643 6510  
Company  
Address P.O. Box #576  
City MOBILE State AL ZIP 36601

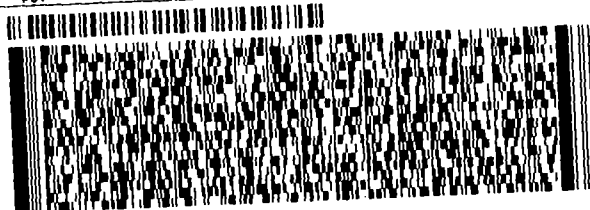
TO FEC  
FEC  
999 E ST NW  
NW STE90  
WASHINGTON DC 20463

(408) 458-0719  
REF: PO:

DEPT:

2 Your Internal Billing Reference

3 To  
Recipient's Name FCC Phone 600 424-9530



Fe

Company FEDERAL ELECTION COMM

Address 999 E STREET

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address  
Use this line for the HOLD location address or for continuation of your shipping address.

City WASHINGTON State DC ZIP 20463

☐ HOLD Weekday  
FedEx location address  
REQUIRED. NOT available for  
FedEx First Overnight.

☐ HOLD Saturday  
FedEx location address  
REQUIRED. Available ONLY for  
FedEx Priority Overnight and  
FedEx 2Day to select locations.

TRK# 8006 9387 7822  
0200

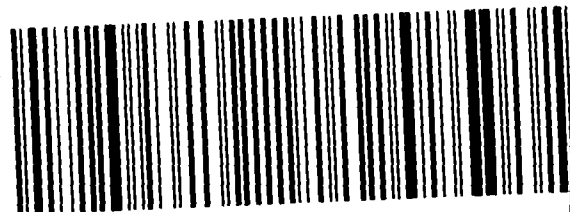
THU - 28  
EXPRESS

SK RDVA

DC-L




8006 9387 7822



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <span style="margin-left: 20px;">Fed Ex</span> <span style="float: right;">Shipping Date 8/25/14</span>	
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER  
(8/2013)

8/27/14  
DATE PREPARED

1101110101011